

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A This return/report is for:	☐ a multiemployer plan	☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report	☐ the final return/report	
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ the DFVC program
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN</u>	1b Three-digit plan number (PN) ►	<u>002</u>
		1c Effective date of plan	<u>03/01/1991</u>
2a Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)		
Mailing address (include room, apt., suite no. and street, or P.O. Box)	<u>33-0780329</u>		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2c Plan Sponsor's telephone number		
<u>YOUNG'S MARKET COMPANY, LLC</u>	<u>714-368-4615</u>		
<u>14402 FRANKLIN AVENUE</u>	2d Business code (see instructions)		
<u>TUSTIN, CA 92780</u>	<u>424800</u>		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	<u>09/20/2017</u>	<u>JOHN INCAMPO</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2181
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1779 6a(2) 1633 6b 8 6c 425 6d 2066 6e 0 6f 2066 6g 1996 6h 251
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 YOUNG'S MARKET COMPANY, LLC	D Employer Identification Number (EIN) 33-0780329	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	421325	156	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 1225064**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE INVESTMENT ANNUITY**b** Balance at the end of the previous year **7b** 2532640**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)**
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below)..... **7c(5)**(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 2532640**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier..... **7e(2)**
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below)..... **7e(4)** 1307576

▶ AUDITOR ADJUSTMENTS NEEDED

(5) Total deductions **7e(5)** 1307576**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1225064

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 YOUNG'S MARKET COMPANY, LLC	D Employer Identification Number (EIN) 33-0780329

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN FUNDS	333 S. HOPE STREET 50TH FLOOR LOS ANGELES, CA 90071

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
COLUMBIA MANAGEMENT	225 FRANKLIN STREET BOSTON, MA 02110

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DREYFUS FOUNDERS FUNDS	ONE BOSTON CENTER BOSTON, MA 02108

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FRANKLIN TEMPLETON INVESTMENTS	100 FOUNTAIN PARKWAY ST PETERSBURG, FL 33716

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

IVY
6300 LAMAR AVENUE
OVERLAND PARK, KS 66202-4247

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

J.P. MORGAN
245 PARK AVENUE, 3RD FLOOR
NEW YORK, NY 10167

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JOHN HANCOCK
601 CONGRESS STREET
BOSTON, MA 02210-2805

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MET LIFE
425 MARKET STREET
SUITE 970
SAN FRANCISCO, CA 94105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

METRO WEST
865 SOUTH FIGUEROA STREET
LOS ANGELES, CA 90017

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS INVESTMENT MANAGEMENT
111 HUNTINGTON AVENUE
BOSTON, MA 02199-7618

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NEUBERGER BERMAN
600 MONTGOMERY STREET
19TH FLOOR
SAN FRANCISCO, CA 94111

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIONEER INVESTMENTS
60 STATE STREET
17TH FLOOR
BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PUTNAM FIDUCIARY TRUST COMPANY

ONE POST OFFICE SQUARE
BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PUTNAM INVESTMENTS

ONE POST OFFICE SQUARE
BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE ASSOCIATES

100 E. PRATT ST
BALTIMORE, MD 21212

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD FUNDS

100 VANGUARD BLVD
MAIL STOP #242
MALVERN, PA 19355

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MORGAN STANLEY SMITH BARNEY HOLDING

1 NEW YORK PLZ 12TH FL
ANNUITY AND INSURANCE OPERATIONS
NEW YORK, NY 10004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	60000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 15	RECORDKEEPER	19781	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

QDRO CONSULTANTS CO LLC

3071 PEARL ROAD
MEDINA, OH 44256

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>YOUNG'S MARKET COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>33-0780329</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&P 500 INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>PUTNAM FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>04-2884233-201</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20364844</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM BOND INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>PUTNAM FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>04-3449009-203</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>239661</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTRISC CIT II-METLIFE GRP ANNUITY</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES CO CIT</u>		
c EIN-PN <u>26-0142858-094</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11773796</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 YOUNG'S MARKET COMPANY, LLC	D Employer Identification Number (EIN) 33-0780329	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	102196	101124
(2) Participant contributions	1b(2)	199110	209917
(3) Other.....	1b(3)	0	995371
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	2964969	2848570
(9) Value of interest in common/collective trusts	1c(9)	30214924	32378301
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	93515345	103295928
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2568878	1225064
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	129565422	141054275

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	129565422	141054275
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4592267	
(B) Participants	2a(1)(B)	9227595	
(C) Others (including rollovers)	2a(1)(C)	2214822	
(2) Noncash contributions	2a(2)	0	16034684
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	120437	
(F) Other	2b(1)(F)	11071	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		131508
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	4340580
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4340580	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4340580
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2364737
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4823627
c Other income.....	2c		76265
d Total income. Add all income amounts in column (b) and enter total.....	2d		27771401

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16138271	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		16138271
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		58412
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	25865	
(3) Investment advisory and management fees.....	2i(3)	60000	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		85865
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16282548

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11488853
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **HBLA**

(2) EIN: **33-0155525**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>YOUNG'S MARKET COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>33-0780329</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>84-1455663</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

**YOUNG'S MARKET COMPANY, LLC
AND AFFILIATES 401(K) SAVINGS PLAN**

Financial Statements and Supplemental Schedule
December 31, 2016 and 2015
(With Independent Auditor's Report Thereon)

**YOUNG’S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN**

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Independent Auditor's Report

To the Benefits Committee
of Young's Market Company, LLC and Affiliates 401(k) Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Young's Market Company, LLC and Affiliates 401(k) Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 1(i), which was certified by Principal Trust Company and Great-West Trust Company, LLC, the Trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the Trustees as of and for the years ended December 31, 2016 and 2015, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the these financial statements.

Other Matter

The supplemental schedule – Schedule H, Line 4i – Schedule of Assets (Held at End of Year) at December 31, 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

HB&A Certified Public Accountants, Inc.

September 11, 2017

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Assets:		
Investments at fair value	\$ 135,674,229	\$ 123,730,269
Investments at contract value	1,225,064	2,568,878
Receivables:		
Employer contributions	101,124	102,196
Employee contributions	209,917	199,110
Notes receivable from participants	2,848,570	2,964,969
Investment securities sold receivable	995,371	—
Total receivables	<u>4,154,982</u>	<u>3,266,275</u>
Net assets available for benefits	<u>\$ 141,054,275</u>	<u>\$ 129,565,422</u>

See accompanying notes to financial statements and independent auditor's report.

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Additions:		
Investment income:		
Net realized and unrealized appreciation (depreciation) of investments	\$ 7,264,629	\$ (4,612,697)
Dividend income	4,340,580	5,041,461
Interest income	11,071	12,263
Net investment income	<u>11,616,280</u>	<u>441,027</u>
Interest income on notes receivable from participants	<u>120,437</u>	<u>116,809</u>
Contributions:		
Employer	4,592,267	4,306,540
Employee	11,442,417	9,632,077
Total contributions	<u>16,034,684</u>	<u>13,938,617</u>
Total additions	<u>27,771,401</u>	<u>14,496,453</u>
Deductions:		
Distributions to participants	16,196,683	14,277,684
Administrative expenses	85,865	68,518
Total deductions	<u>16,282,548</u>	<u>14,346,202</u>
Net increase in net assets available for benefits	11,488,853	150,251
Net assets available for benefits at beginning of year	<u>129,565,422</u>	<u>129,415,171</u>
Net assets available for benefits at end of year	<u><u>\$ 141,054,275</u></u>	<u><u>\$ 129,565,422</u></u>

See accompanying notes to financial statements and independent auditor's report.

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2016 and 2015

(1) Description of the Plan

The following description of the Young's Market Company, LLC and Affiliates 401(k) Savings Plan ("the Plan") provides only general information. For a more complete description of the Plan's provisions, participants should refer to the Summary Plan Description maintained by the Plan's Benefits Committee.

(a) General

The Plan is a defined-contribution multiple employer plan and is designed to provide Eligible Employees of Young's Market Company, LLC, and its affiliates that have adopted the Plan (collectively referred to as the "Company," "Employer," or "Plan Sponsor") with benefits upon retirement, disability, death, or termination of employment. Eligible Employees are common law employees of the Employer who have reached age 21 and have completed 90 days of service with the Employer, unless (a) the individual is a union employee whose employment and retirement benefits are governed by a collective bargaining agreement that does not provide for participation in the Plan, or (b) the individual is classified by the Employer as an independent contractor, or any type of worker other than a common law employee. Eligible Employees also include Union Local 104-Member Employees, employees who are regularly scheduled to work at, or in the area serviced by, the Employer's facility in Maricopa County, Arizona, and covered by a collective bargaining agreement between Young's Market Company of Arizona, LLC and International Brotherhood of Teamsters, Local Union No.104, General Teamsters (excluding mailers), State of Arizona. A Union Local 104-Member Employee who has attained age 18 shall be eligible to participate in the Plan following six months of service with the Employer.

The affiliates who have adopted the Plan are Wilson Daniels, Ltd. (known as Infinium Spirits after January 1, 2016), Wilson Daniels, LLC, Wilson Daniels Wholesale, LLC, Young's Market Company of Arizona, LLC, and Young's Holdings, Inc. All Plan benefits are paid from the Trust, which is the funding vehicle used by Principal Trust Company ("Principal") prior to October 1, 2013 and Great-West Trust Company, LLC ("Empower") (formerly Putnam Fiduciary Trust Company) effective October 1, 2013 (collectively referred to as the "Trustees" or "Custodians") to hold all Plan assets. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

(b) Contributions

Participants may contribute pre-tax annual wages, as defined by the Plan, subject to Internal Revenue Code ("the Code") limitations (plus catch-up contributions for participants over the age of 50). Participants may also contribute amounts representing distributions from other defined-benefit or defined-contribution plans. Eligible participants who are not Union Local 104-Member Employees, may defer up to 100% of their compensation. Union Local 104-Member Employees may defer up to 15% of their compensation. Participants may change their salary deferral percentages at any time. Pursuant to an amendment dated September 9, 2015, effective January 1, 2016, the Plan provides for automatic contributions at a 5% contribution rate for all covered employees, absent an affirmative election to not participate. A covered employee includes any eligible employee hired or re-hired on or after January 1, 2016, with the exception of Union Local 104-Member Employees. The amendment also provides for an automatic increase to be applied to voluntary and automatic elections by 1%, up to a maximum of 10%, annually on the first pay period that begins on or after April 1. In addition, the amendment also provides for participants to make after-tax (Roth 401(k))

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2016 and 2015

(1) Description of the Plan (Continued)

contributions and In-Plan Roth Transfers to the Plan. With respect to participants other than Union Local 104-Member Employees, the Company matches 100% of the participant's contribution of the first 3% of base compensation and 50% of the next 2% of base compensation. With respect to Union Local 104-Member Employees, the Company matches 25% of a bargaining participant's elective deferral of 4% to 8% of base compensation. The Company contributions are nondiscretionary employer contributions. Additional amounts may be contributed at the option of the Employer.

(c) Participant Accounts

Each participant's account is credited with the participant's and employer's contributions and an allocation of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan, less forfeitures. Forfeitures of terminated participants' nonvested accounts are first applied to Plan administrative expenses and are then applied to reduce employer matching contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) Vesting

Participants other than Union Local 104-Member Employees are immediately vested in their contributions (pre-tax deferrals and rollovers) and nondiscretionary employer match contributions plus actual earnings thereon. Vesting in the discretionary employer contribution portion of their accounts plus actual earnings thereon is based on years of continuous service; a participant is 100% vested after five years of credited service.

Union Local 104-Member Employee participants are immediately vested in their contributions (pre-tax deferrals and rollovers). Vesting of the nondiscretionary employer contribution portion of their account is based on years of continuous service, with vesting beginning at 20% after the first year of credited service to full vesting after six or more years of credited service. Vesting in a participant's additional contribution account is based on years of continuous service, with vesting beginning at 20% after the second year of credited service to full vesting after six or more years of credited service.

There were no discretionary employer contributions during 2016 and 2015.

(e) Investment Options

Upon enrollment in the Plan, participants may allocate their contributions to investment options managed by the Trustees. The Plan Administrator selects a variety of daily valued investment funds with different risk and return characteristics. The specific investment funds available to the participant may be changed from time to time, and the participant is notified of any changes. The Plan is an ERISA Section 404(c) Plan because participants have the authority and responsibility to direct the investment of all amounts allocated to their accounts among the available investment funds. The fiduciaries of the Plan are not liable for any losses that are the result of the participant's investment elections. All investments are participant-directed.

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2016 and 2015

(1) Description of the Plan (Continued)

(f) Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum of the lesser of (i) \$50,000 or, if the participant had a loan during the past year, \$50,000 minus the highest outstanding balance of the prior loan during the last 12 months; or (ii) 50% of the participant's vested account balance. Any loan or loans to the participant must provide for a specific period of repayment which generally cannot be longer than five years. However, a loan used to acquire a participant's principal residence may provide for a repayment period of up to 15 years if appropriate documentation of the purchase was provided. The loans are secured by the vested balance in the participant's account and bear interest at a reasonable rate of interest as determined by the Benefits Committee. Principal and interest are paid at least quarterly through payroll deductions.

(g) Payment of Benefits

The Plan provides for various forms of payments including lump-sum distributions, direct rollovers, and various types of annuities upon termination of service.

(h) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

(i) Information Certified by the Plan's Custodians or Trustees

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodians or Trustees of the Plan have certified to the completeness and accuracy of the following information which is included in the financial statements as of and for the years ended December 31, 2016 and 2015, and the supplemental schedule as of December 31, 2016:

	<u>2016</u>	<u>2015</u>
Investments at fair value	\$ 135,674,229	\$ 123,730,269
Investments at contract value	1,225,064	2,568,878
Notes receivable from participants	2,848,570	2,964,969
Net realized and unrealized appreciation (depreciation) of investments	7,264,629	(4,612,697)
Dividend income	4,340,580	5,041,461
Interest income	11,071	12,263
Interest income on notes receivable from participants	120,437	116,809

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2016 and 2015

(2) Significant Accounting Policies

(a) *Basis of Accounting*

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

(b) *Use of Estimates*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts in the financial statements and the accompanying notes. Actual results could differ from those estimates.

(c) *Investment Valuation and Income Recognition*

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(d) *Notes Receivable from Participants*

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on participant loans is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 or 2015. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded on the basis of the terms of the Plan agreement.

(e) *Payment of Benefits*

Benefits are recorded when paid.

(f) *Expenses*

All administrative expenses are paid by the Company, except for legal fees, consulting fees and management fees related to the contract with the Trustees, which are paid by the Plan. Expenses paid directly by the Company are excluded from these financial statements.

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2016 and 2015

(3) Fair Value Hierarchy

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are as follows:

Level 1 - Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- a. Quoted prices for similar assets or liabilities in active markets;
- b. Quoted prices for identical or similar assets or liabilities in inactive markets;
- c. Inputs other than quoted prices that are observable for the asset or liability;
- d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs that are unobservable inputs for the asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

- (a) Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- (b) Collective trust funds: Valued at the net asset value per share ("NAV") of units of a bank collective trust. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.
- (c) Stable value collective trust fund: A stable value fund that is composed primarily of fully benefit-responsive investment contracts that is valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it was determined to be probable that the fund would sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. Subject to certain restrictions, withdrawal from the stable value fund are generally permitted daily. In accordance with Subtopic 820-10,

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2016 and 2015

(3) Fair Value Hierarchy (Continued)

certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at fair value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Mutual funds (a)	\$ 103,295,928	\$ —	\$ —	\$ 103,295,928
Collective trust funds (b)	—	20,604,505	—	20,604,505
Total investments in the fair value hierarchy	103,295,928	20,604,505	—	123,900,433
Investments measured at net asset value (c)	—	—	—	11,773,796
Total investments, at fair value	<u>\$ 103,295,928</u>	<u>\$ 20,604,505</u>	<u>\$ —</u>	<u>\$ 135,674,229</u>

Assets at fair value as of December 31, 2015				
	Level 1	Level 2	Level 3	Total
Mutual funds (a)	\$ 93,515,345	\$ —	\$ —	\$ 93,515,345
Collective trust funds (b)	—	18,573,230	—	18,573,230
Total investments in the fair value hierarchy	93,515,345	18,573,230	—	112,088,575
Investments measured at net asset value (c)	—	—	—	11,641,694
Total investments, at fair value	<u>\$ 93,515,345</u>	<u>\$ 18,573,230</u>	<u>\$ —</u>	<u>\$ 123,730,269</u>

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2016 and 2015. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2016 and 2015

(3) Fair Value Hierarchy (Continued)

<u>December 31, 2016</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if Currently Eligible)</u>	<u>Redemption Notice Period</u>
Stable value collective trust fund	\$ 11,773,796	n/a	Daily	12 months
<u>December 31, 2015</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if Currently Eligible)</u>	<u>Redemption Notice Period</u>
Stable value collective trust fund	\$ 11,641,694	n/a	Daily	12 months

(4) Fully Benefit-Responsive Investment Contract

The Plan holds a traditional investment contract. This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by the participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The contract value of the traditional investment contract at December 31, 2016 and 2015 was \$1,225,064 and \$2,568,878, respectively.

The traditional investment contract held by the Plan is a guaranteed investment contract issued by Principal. Contributions and transfers allocated to this option will be credited interest at a guaranteed interest rate Principal declares for a set period of time. Guaranteed interest rates for new allocations are subject to change daily, and each amount allocated to the guaranteed interest account will earn interest based on this guaranteed interest rate in effect for the date that the amount is allocated to this guaranteed interest account. A surrender charge may apply to transfers or withdrawals from an unmatured guaranteed interest account. The reference rate used to determine if a charge applies is equal to the applicable U.S. Treasury rate plus 0.50%. A charge applies when the reference rate is higher than the rate being credited to the unmatured funds being transferred or withdrawn. The amount of the surrender charge is calculated as follows: 1) the applicable fixed U.S. Treasury Rate plus 0.50% minus the rate being credited, multiplied by 2) The number of years and fractional parts of a year in the Guarantee Period, multiplied by 3) The amount being surrendered. A surrender charge may not apply to withdrawals due to retirement, termination, disability, or death. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include, but are not limited to, the following:

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2016 and 2015

(4) Fully Benefit-Responsive Investment Contract (Continued)

- i) The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the Trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
- ii) Premature termination of the contract
- iii) Plan termination or merger
- iv) Changes to the Plan's prohibition on competing investment options
- v) Bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include, but are not limited to, the following:

- i) An uncured violation of the Plan's investment guidelines
- ii) A breach of material obligation under the contract
- iii) A material misrepresentation
- iv) A material amendment to the agreements without the consent of the issuer

(5) Income Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Employer by a letter dated August 28, 2013, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and Plan Management believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related Trust is tax-exempt.

GAAP require Plan Management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by IRS and DOL jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2016 and 2015

(6) Risks and Uncertainties

The Plan provides for various investment options in investment securities. Investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. In addition, the Plan held substantially all of its assets with two institutions. In the event of an institution's failure, the Plan could be subject to losses.

(7) Party-In-Interest Transactions

The Plan allows for transactions with certain parties who may perform services for or have fiduciary responsibilities to the Plan. Investment transactions entered into by the Trustees qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules of ERISA. The Plan paid contract administration fees to the Trustees of approximately \$86,000 and \$69,000 for the years ended December 31, 2016 and 2015, respectively.

(8) Subsequent Events

In connection with the preparation of the Plan's financial statements, Plan Management evaluated subsequent events after the financial statement date of December 31, 2016 through September 11, 2017, the date at which the financial statements were available to be issued. No material subsequent events were identified.

SUPPLEMENTAL SCHEDULE

YOUNG'S MARKET COMPANY, LLC AND AFFILIATES
401(k) SAVINGS PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

Employer ID Number 33-0780329, Plan Number 002

December 31, 2016

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Empower	Columbia Mid Cap Index R5	**	\$ 8,792,331
*	Empower	Columbia Small Cap Index R5	**	6,613,178
*	Empower	Franklin Small Cap Growth Adv	**	1,473,728
*	Empower	Dreyfus Natural Resources I	**	508,970
*	Empower	J Hancock Disciplined Value Mid Cap I	**	9,228,652
*	Empower	Mfs International New Discovery R4	**	2,802,068
*	Empower	Metlife Stable Value GAC 25554 Class K	**	11,773,796
*	Empower	Metropolitan West Total Return Bond I	**	2,563,680
*	Empower	Neuberger Berman Real Estate I	**	3,139,544
*	Empower	Neuberger Berman High Income Bond Instl	**	475,460
*	Empower	Oppenheimer Developing Markets Y	**	418,117
*	Empower	T. Rowe Price Retirement 2010 Adv	**	868,622
*	Empower	T. Rowe Price Retirement 2020 Adv	**	5,066,871
*	Empower	T. Rowe Price Retirement 2030 Adv	**	10,834,843
*	Empower	T. Rowe Price Retirement 2040 Adv	**	14,070,641
*	Empower	T. Rowe Price Retirement 2050 Adv	**	9,080,004
*	Empower	T. Rowe Price Retirement 2015 Adv	**	116,787
*	Empower	T. Rowe Price Retirement Balanced Adv	**	561,091
*	Empower	T. Rowe Price Retirement 2025 Adv	**	1,647,149
*	Empower	T. Rowe Price Retirement 2035 Adv	**	2,104,705
*	Empower	T. Rowe Price Retirement 2045 Adv	**	1,330,677
*	Empower	T. Rowe Price Retirement 2055 Adv	**	723,268
*	Empower	Putnam Equity Income R6	**	2,839,951
*	Empower	Putnam Bond Index Fund	**	239,661
*	Empower	Putnam S & P 500 Index Fund	**	20,364,844
*	Empower	American Funds Europacific Gr R5	**	3,735,628
*	Empower	Pioneer Fundamental Growth K	**	4,506,047
*	Empower	Templeton Global Bond Adv	**	192,909
*	Empower	Undiscovered Mgrs Behavioral Value Sel	**	4,420,467
*	Empower	Vanguard Inflation-Protected Secs Adm	**	1,028,886
*	Empower	Ivy Mid Cap Growth I	**	920,459
*	Empower	J P Morgan Core Bond Select	**	3,231,196
*	Principal	Principal Guaranteed Interest Account	**	1,225,064
Total investments			-	136,899,293
Participant loans Interest rate of 4.25% to 9%			-	2,848,570
Total investments and participant loans			\$ -	\$ 139,747,863

* *Party-in-interest*

** *Historical cost information is not required for participant directed investments.*

See accompanying independent auditor's report.

Multiple Employer Plan Participating Employer Information

Name of Plan: YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN

EIN: 33-0780329

PN: 002

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
(a) Young's Market Company, LLC	(b) EIN 33-0780329	(c) 85.36%
(a) Young's Market Company of Arizona, LLC	(b) EIN 45-2501820	(c) 7.21%
(a) Infinium Spirits Inc.	(b) EIN 94-2584561	(c) 2.64%
(a) Wilson Daniels LLC	(b) EIN 46-5399103	(c) 1.97%
(a) Wilson Daniels Wholesale LLC	(b) EIN 47-4158923	(c) 0.62%
(a) Young's Holdings, Inc.	(b) EIN 95-4275261	(c) 2.21%

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan
01-JAN-15 to 31-DEC-15

28-JAN-16 00:49:15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IPARIX			745,707.47	719,197.12
IPARAX			827,752.93	787,875.97
IPARHX			78,503.65	74,093.86
IPARBX			6,581,987.70	6,397,461.04
IPARJX			882,977.22	836,762.88
IPARCX			9,159,684.64	8,933,529.14
IPARKX			1,220,051.44	1,147,636.38
IPARDX			11,080,184.90	10,818,461.73
IPARLX			659,074.08	617,746.12
IPARFX			7,153,616.17	7,036,052.96
IPAROX			387,066.64	365,647.36
IRERFX			3,844,657.24	3,731,700.62
IMIDJX			2,554,481.87	2,507,686.46
IODVYX			328,624.44	281,028.06
ITGBAX			330,298.25	301,411.73
INBRIX			2,895,582.88	2,894,620.23
IRSNYX			119,174.09	68,079.83
ICXXRX			5,687,992.93	5,085,857.45
IFSSAX			1,504,913.30	1,399,912.12
IUBVSX			3,569,672.54	3,498,815.54
ICPXRX			7,210,542.81	6,720,531.26
IYIMIX			1,021,913.44	914,085.50
IJVMIX			7,509,320.37	7,978,174.11
IPEQX			2,622,023.82	2,512,122.69
IPTYSP5			14,395,571.94	17,179,186.92
IPFGKX			3,867,680.45	3,837,914.54
IPTYBDI			105,154.44	105,851.32
IWOBDX			3,137,063.78	3,076,413.01
IMWTIX			2,240,701.50	2,209,778.91
INHILX			339,094.81	296,737.22
IVAIPX			346,968.65	335,474.20
IMTSVFK			10,353,732.01	10,725,080.85
			112,761,772.40	113,394,927.13
PARTICIPANT LOANS	VARIOUS	4.000-11.500	2,652,423.88	2,658,276.30
FORFEITURES			155,644.50	157,826.95

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan
01-JAN-15 to 31-DEC-15

28-JAN-16 00:49:15

INVESTMENT OPTION

MATURITY DATE

INTEREST RATE

COST OF ASSETS

CURRENT VALUE

LEGEND

INVESTMENT OPTION:

IPARIX T. Rowe Price Retirement Balanced Adv
 IPARHX T. Rowe Price Retirement 2015 Adv
 IPARJX T. Rowe Price Retirement 2025 Adv
 IPARKX T. Rowe Price Retirement 2035 Adv
 IPARLX T. Rowe Price Retirement 2045 Adv
 IPAROX T. Rowe Price Retirement 2055 Adv
 IMIDJX MFS International New Discovery R4
 ITGBAX Templeton Global Bond Adv
 IRSNYX RS Global Natural Resources Y
 IFSSAX Franklin Small Cap Growth Adv
 ICPXRX Columbia Mid Cap Index R5
 IJVMIX JHancock Disciplined Value Mid Cap I
 IPTYSP5 Putnam S & P 500 Index Fund
 IPTYBDI Putnam Bond Index Fund
 IMWTIX Metropolitan West Total Return Bond I
 IVAIPX Vanguard Inflation-Protected Secs Adm

IPARAX T. Rowe Price Retirement 2010 Adv
 IPARBX T. Rowe Price Retirement 2020 Adv
 IPARCX T. Rowe Price Retirement 2030 Adv
 IPARDX T. Rowe Price Retirement 2040 Adv
 IPARFX T. Rowe Price Retirement 2050 Adv
 IRERFX American Funds EuroPacific Gr R5
 IODVYX Oppenheimer Developing Markets Y
 INBRIX Neuberger Berman Real Estate I
 ICXXRX Columbia Small Cap Index R5
 IUBVSX Undiscovered Mgrs Behavioral Value Sel
 IYVMIX Ivy Mid Cap Growth I
 IPEQX Putnam Equity Income R6
 IPFGKX Pioneer Fundamental Growth K
 IWBDX J P Morgan Core Bond Select
 INHILX Neuberger Berman High Income Bond Instl
 IMTSVFK MetLife Stable Value GAC 25554 Class K

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan -02
01-JAN-16 to 31-DEC-16

27-JAN-17 00:21:50

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IPARIX			16,364.27	16,233.97
IPARAX			69,089.26	67,723.77
IPARHX			52,394.28	49,891.25
IPARBX			755,381.36	759,187.67
IPARJX			446,988.40	430,829.01
IPARCX			1,143,447.39	1,149,748.22
IPARKX			92,762.94	91,249.70
IPARDX			1,722,184.07	1,725,154.45
IPARLX			219,333.09	217,737.51
IPARFX			815,238.54	824,472.12
IPAROX			33,588.47	33,594.07
IRERFX			252,946.90	245,697.32
IMIDJX			132,630.18	128,378.73
IODVYX			2,587.05	2,499.36
ITGBAX			51,779.40	51,583.16
IDLDRX			20,344.04	23,313.17
INBRIX			39,078.90	35,853.69
ICXXRX			139,191.03	147,404.47
IFSSAX			124,544.89	125,152.83
IUBVSX			89,285.05	101,753.12
ICPXRX			334,798.49	347,208.90
IYIMIX			154,928.70	145,543.77
IJVMIX			482,587.95	537,258.74
IPEQX			108,048.05	112,669.49
IPTYSP5			1,050,143.95	1,415,976.45
IPFGKX			637,055.53	641,922.87
IPTYBDI			1,406.03	1,382.79
IWOBDX			85,800.61	84,361.12
IMWTIX			278,415.08	271,405.48
INHILX			23,096.83	22,764.29
IVAIPX			6,454.11	6,284.08
IMTSVFK			665,556.21	698,278.60
			10,047,451.05	10,512,514.17
PARTICIPANT LOANS	VARIOUS	4.250-5.250	323,493.79	323,765.62
FORFEITURES			24,850.54	25,457.90

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan -02
01-JAN-16 to 31-DEC-16

27-JAN-17 00:21:50

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

IPARIX	T. Rowe Price Balanced Adv	IPARAX	T. Rowe Price 2010 Adv
IPARHX	T. Rowe Price 2015 Adv	IPARBX	T. Rowe Price 2020 Adv
IPARJX	T. Rowe Price 2025 Adv	IPARCX	T. Rowe Price 2030 Adv
IPARKX	T. Rowe Price 2035 Adv	IPARDX	T. Rowe Price 2040 Adv
IPARLX	T. Rowe Price 2045 Adv	IPARFX	T. Rowe Price 2050 Adv
IPAROX	T. Rowe Price 2055 Adv	IRERFX	American Funds EuroPacific Gr R5
IMIDJX	MFS International New Discovery R4	IODVYX	Oppenheimer Developing Markets Y
ITGBAX	Templeton Global Bond Adv	IDLDRX	Dreyfus Natural Resources I
INBRIX	Neuberger Berman Real Estate I	ICXXRX	Columbia Small Cap Index R5
IFSSAX	Franklin Small Cap Growth Adv	IUBVSX	Undiscovered Mgrs Behavioral Value Sel
ICPXRX	Columbia Mid Cap Index R5	IYVMIX	Ivy Mid Cap Growth I
IJVMIX	JHancock Disciplined Value Mid Cap I	IPEQSX	Putnam Equity Income R6
IPTYSP5	Putnam S & P 500 Index Fund	IPFGKX	Pioneer Fundamental Growth K
IPTYBDI	Putnam Bond Index Fund	IWOBDX	J P Morgan Core Bond Select
IMWTIX	Metropolitan West Total Return Bond I	INHILX	Neuberger Berman High Income Bond Instl
IVAIPX	Vanguard Inflation-Protected Secs Adm	IMTSVFK	MetLife Stable Value GAC 25554 Class K

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan -04
01-JAN-16 to 31-DEC-16

27-JAN-17 00:21:41

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IPARAX			45,110.74	43,589.64
IPARHX			13,440.58	12,953.94
IPARBX			147,883.59	149,752.33
IPARJX			5,066.87	5,082.01
IPARCX			115,503.57	116,316.13
IPARKX			7,018.61	6,913.25
IPARDX			67,275.67	67,206.86
IPARFX			51,425.16	52,088.41
IPAROX			2,046.94	2,030.93
IRERFX			17,815.25	17,254.77
IMIDJX			10,041.98	9,732.60
INBRIX			257.87	237.68
ICXXRX			4,733.38	5,048.19
IFSSAX			48,230.04	49,553.81
IUBVSX			13,425.05	15,410.09
IYIMIX			35,796.41	33,022.06
IJVMIX			7,592.38	8,900.95
IPEQSX			7,342.36	7,819.97
IPTYSP5			46,288.23	61,434.82
IPFGKX			37,574.65	37,898.97
IWOBDX			2,870.92	2,800.24
IMWTIX			26,274.28	25,696.97
IMTSVFK			78,509.49	82,884.35
			791,524.02	813,628.97
PARTICIPANT LOANS	VARIOUS	4.250-5.250	42,451.79	42,491.02
FORFEITURES			11,091.96	11,293.68

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan -04
01-JAN-16 to 31-DEC-16

27-JAN-17 00:21:41

INVESTMENT OPTION

MATURITY DATE

INTEREST RATE

COST OF ASSETS

CURRENT VALUE

LEGEND

INVESTMENT OPTION:

IPARAX T. Rowe Price 2010 Adv
 IPARBX T. Rowe Price 2020 Adv
 IPARCX T. Rowe Price 2030 Adv
 IPARDX T. Rowe Price 2040 Adv
 IPAROX T. Rowe Price 2055 Adv
 1MIDJX MFS International New Discovery R4
 1CXXRX Columbia Small Cap Index R5
 1UBVSX Undiscovered Mgrs Behavioral Value Sel
 1JVMIX JHancock Disciplined Value Mid Cap I
 1PTYSP5 Putnam S & P 500 Index Fund
 1WOBDX J P Morgan Core Bond Select
 1MTSVFK MetLife Stable Value GAC 25554 Class K

IPARHX T. Rowe Price 2015 Adv
 IPARJX T. Rowe Price 2025 Adv
 IPARKX T. Rowe Price 2035 Adv
 IPARFX T. Rowe Price 2050 Adv
 1RERFX American Funds EuroPacific Gr R5
 1NBRIX Neuberger Berman Real Estate I
 1FSSAX Franklin Small Cap Growth Adv
 1IYMIX Ivy Mid Cap Growth I
 1PEQSX Putnam Equity Income R6
 1PFGKX Pioneer Fundamental Growth K
 1MWTIX Metropolitan West Total Return Bond I

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year